

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041461

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1Primary Registration District No. 3000 Registrar's No. 371

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Kirksville

Length of stay in 1b

28 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Grim Smith Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Adair

c. CITY

OR

TOWN

Brashear

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clarence

Le Roy

Robertson Sr

4. DATE
OF
DEATH

Month

Day

Year

November 26, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Feb. 17, 1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Brashear, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Robertson

13b. MOTHER'S MAIDEN NAME

Emma Croop

14. NAME OF HUSBAND OR WIFE

Mary Ann Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

W W I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital records

Kirksville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular accident, possible

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) cerebral metastasis; CA of left kidney,

DUE TO (c) metastasis to left lung

INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-8-62to 11-26-62and last saw him alive on 11-26-62Death occurred at 3:15 am

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

P. E. Hilton M.D.

22b. ADDRESS

Kirksville, Missouri

22c. DATE SIGNED

12-1-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

28 Nov 1962

23c. NAME OF CEMETERY OR CREMATORY

Brashear Cemetery

23d. LOCATION (City, town, or county)

Brashear, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

HUDSON-RIMER FUNERAL HOMES Edina, Mo

25. DATE RECD. BY LOCAL REG.

12-4-1962

26. REGISTRAR'S SIGNATURE

Dora W. Ratoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0017

2 0010

3

4 0

5 1

6

7 0

8 0

9 180X

10

11

12 1-0

13 1-0

DEC 11 1962

APR 5 1963

P E HILTON, MD

Permit raised Nov 26, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5041

P. O. Address China, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.